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CONFIRMATION NO. 5472

<b>SERIAL NUMBER</b> 09/868,009	<b>FILING OR 371(c) DATE</b> 11/21/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 10905.0003.PCUS00
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/AU99/01108 12/13/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

AUSTRALIA PP 7653 12/11/1998

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

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**TITLE**

TREATMENT OF PAPILLOMAVIRUS INFECTIONS

<b>FILING FEE RECEIVED</b> 987	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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